

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Applicant or Docking Number

**09/837744**

**CLAIMS AS FILED - PART I**

|                                  |  | (Column 1)   | (Column 2)               |
|----------------------------------|--|--------------|--------------------------|
| TOTAL CLAIMS                     |  |              |                          |
| FOR                              |  | NUMBER FILED | NUMBER EXTENDED          |
| TOTAL CHARGEABLE CLAIMS          |  | 46           | minus 20 =               |
| INDEPENDENT CLAIMS               |  | 4            | minus 3 =                |
| MULTIPLE DEPENDENT CLAIM PRESENT |  |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter 0 in column 2.

**SMALL ENTITY TYPE** ☐ OR

**OTHER THAN SMALL ENTITY**

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 365.00 | OR | BASIC FEE | 770.00 |
| X5-9      |        | OR | X5-18     |        |
| X1-3      |        | OR | X8-9      |        |
| X1-5      |        | OR | X290      |        |
| TOTAL     |        | OR | TOTAL     |        |

**CLAIMS AS AMENDED - PART II**

|                    |  | (Column 1) | (Column 2)                         | (Column 3)               |
|--------------------|--|------------|------------------------------------|--------------------------|
| <b>AMENDMENT A</b> | CLAIMS REMAINING AFTER AMENDMENT               |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTENSION        |
|                    | Total  | 45         | Minus                              | 46                       |
|                    | Independent                                    | 4          | Minus                              | 4                        |
|                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |                                    | <input type="checkbox"/> |

**SMALL ENTITY** OR

**OTHER THAN SMALL ENTITY**

| RATE               | ADDITIONAL FEE |    | RATE               | ADDITIONAL FEE |
|--------------------|----------------|----|--------------------|----------------|
| X5-9               |                | OR | X5-18              |                |
| X1-3               |                | OR | X8-9               |                |
| X1-5               |                | OR | X290               |                |
| TOTAL ADJUSTED FEE |                | OR | TOTAL ADJUSTED FEE |                |

|                    |  | (Column 1) | (Column 2)                         | (Column 3)               |
|--------------------|--|------------|------------------------------------|--------------------------|
| <b>AMENDMENT B</b> | CLAIMS REMAINING AFTER AMENDMENT               |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTENSION        |
|                    | Total  |            | Minus                              |                          |
|                    | Independent                                    |            | Minus                              |                          |
|                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |                                    | <input type="checkbox"/> |

| RATE               | ADDITIONAL FEE |    | RATE               | ADDITIONAL FEE |
|--------------------|----------------|----|--------------------|----------------|
| X5-9               |                | OR | X5-18              |                |
| X1-3               |                | OR | X8-9               |                |
| X1-5               |                | OR | X290               |                |
| TOTAL ADJUSTED FEE |                | OR | TOTAL ADJUSTED FEE |                |

|                    |  | (Column 1) | (Column 2)                         | (Column 3)               |
|--------------------|--|------------|------------------------------------|--------------------------|
| <b>AMENDMENT C</b> | CLAIMS REMAINING AFTER AMENDMENT               |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTENSION        |
|                    | Total  |            | Minus                              |                          |
|                    | Independent                                    |            | Minus                              |                          |
|                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |                                    | <input type="checkbox"/> |

| RATE               | ADDITIONAL FEE |    | RATE               | ADDITIONAL FEE |
|--------------------|----------------|----|--------------------|----------------|
| X5-9               |                | OR | X5-18              |                |
| X1-3               |                | OR | X8-9               |                |
| X1-5               |                | OR | X290               |                |
| TOTAL ADJUSTED FEE |                | OR | TOTAL ADJUSTED FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write 0 in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.